



Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
Telephone: (617) 727-3040
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Timothy P. Cahill
Treasurer and Receiver General

Eddie J. Jenkins
Chairman

AGENT, BROKER OR SOLICITOR APPLICANTS
(M.G.L. CH. 138, s 18A)
LICENSING PROCEDURES

ALL APPLICANTS MUST COMPLETE THE ENCLOSED MONETARY TRANSMITTAL FORM, ATTACH PAYMENT AND APPLICATION TO THE TRANSMITTAL FORM, AND MAIL TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
POST OFFICE BOX 3396
BOSTON, MA 02241-3396

LICENSE FEE: \$5,000.00 - \$500.00 for each additional principal, not to exceed \$6,500.00 (see form attached on schedule of fees)

PERMIT FEES: SALESMAN PERMIT - \$200.00
 TRANSPORTATION PERMIT - \$150.00

SALESMAN: Proof of Massachusetts residency is required of all new salesmen.

TRANSPORTATION APPLICATIONS: If a vehicle is leased or rented, a copy of the leasing/rental agreement must accompany the application. Vehicles must be registered in Massachusetts.

All applications must be signed by an OFFICER of the Corporation.

IF APPLICANT IS:

- A. CORPORATION/FOREIGN CORPORATION: Submit a copy of the Articles of Organization, or foreign corporation Certificate issued by the Secretary of State of Massachusetts.
- B. INDIVIDUAL - must be a Massachusetts resident
Complete and sign attached FORM A.

WEBSITE ADDRESS: www.state.ma.us/abcc

Application for a License to act as Agent, Broker or Solicitor under provisions of Section 18A, of Chapter 138 of the General Laws, as amended.

Dated at

2005

The undersigned hereby applies for a license to act as Agent, Broker or Solicitor for

.....

(Name of principal for whom applicant is to act)

.....

(Address of principal's place of business)

.....

(Type of license held by principal. State full and correct name of licensing authority.)

It is understood by the applicant that the license being applied for authorizes the solicitation of orders for alcoholic beverages from holders of Wholesalers' and Importers' licenses only for such alcoholic beverages as such holders under their respective licenses are authorized to sell.

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY

.....

(Print name of applicant)

.....

(Signature of applicant or authorized agent)

.....

(Address)

.....

(Telephone Number)

If the application is made by an individual or a partnership, satisfactory proof of citizenship and of residence in this Commonwealth shall be furnished for each individual.

If the application is made on behalf of a corporation, satisfactory evidence that a citizen of the United States with full power and authority over all business relative to alcoholic beverages has been appointed to act as manager or principal representative for this purpose shall be furnished.

If the application is made on behalf of a foreign corporation, satisfactory evidence that it has been admitted to do business in Massachusetts shall also be furnished.

License Fee \$5,000.00

Enclosed:

Money Order

Check

CERTIFICATE OF APPOINTMENT TO ACT AS AGENT, BROKER OR SOLICITOR
(Not to be filled out if the application on the reverse side is made on behalf of a foreign corporation to act as Agent, Broker or Solicitor on its own account.)

The undersigned, being the holder of

.....
(State type of license held)

License No. issued by

.....
(State full and correct title of licensing authority)

for the sale of

.....
(State kind of alcoholic beverages)

hereby certifies that

.....
(Name of individual, individuals or corporation appointed)

has been appointed to act as Agent. Broker or Solicitor for the purpose of soliciting orders for alcoholic beverages from the holders of Wholesalers' and Importers' licenses in the Commonwealth of Massachusetts for our account.

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY

.....
(Use Typewrite or Print – full and correct name)

.....
(Signature)

.....
(Mailing Address)

.....

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____ Social Security Number Or Corporate Name	_____ Signature of Individual	_____ Date
_____ Federal Identification Number (if applicable)	by: _____ Corporate Officer	_____ Date

AGENT, BROKER OR SOLICITOR

I hereby advise that

(Print or type name of Principal, (Certificate of Compliance Holder)

whom I represent in Massachusetts under an Agent, Broker or Solicitor's License, No. _____ is offering for sale in Massachusetts the following brands and kinds of alcoholic beverages, and the name of the Massachusetts Wholesaler/Importer distributing each item. (Please inform the Commission immediately of any additions.)

BRANDS/KINDS

WHOLESALER/IMPORTER

List all Principals (Certificate of Compliance Holders) you presently represent in Massachusetts.

THE ABOVE STATEMENTS ARE MADE UNDER PENALTY OF PERJURY.

SIGNATURE AND TITLE

DATE



Form A
Licensee Personal Information Sheet

THIS FORM MUST BE COMPLETED FOR EACH:

- _____ A. NEW LICENSE APPLICANT
- _____ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
- _____ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS
PROVIDED OR APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME _____
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER _____
3. SOCIAL SECURITY NUMBER _____
4. HOME (STREET) ADDRESS _____
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home
telephone and a number at which you can be reached during the day).
DAY TIME # _____ HOME # _____
6. PLACE OF BIRTH: _____ 7. DATE OF BIRTH: _____
8. REGISTERED VOTER: _____ YES _____ NO 8A. WHERE: _____
9. ARE YOU A U. S. CITIZEN: _____ YES _____ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE):

(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth
Certificate or Naturalization Papers)

11. FATHER'S NAME: _____ 12. MOTHER'S MAIDEN NAME: _____

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

_____ YES _____ NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: ____ YES ____ NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: ____ YES ____ NO

IF YES, PLEASE DESCRIBE:

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES:

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____

PROPOSED MANAGER SIGNATURE

DATE

MONETARY TRANSMITTAL FORM 1

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER
TO ASSURE PROPER CREDIT.

PLEASE DO NOT SEND CASH.

PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
POST OFFICE BOX 3396
BOSTON, MA 02241-3396

APPLICANT MUST COMPLETE THE FOLLOWING:

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
COUNTRY:	DATE:	

<u>LICENSE NAME</u>	<u>REV. CODE</u>	<u># OF PERMITS</u>	<u>FEE AMOUNT REQUESTED</u>	<u>TOTAL (COL.3 X COL.4)</u>
AIRLINE MASTER FOR SALE TO				
PASSENGERS	3094	_____	\$ 500.00	\$ _____
AIRLINE (EACH FLIGHT)	3094	_____	\$ 50.00	\$ _____
BROKERS	3007	_____	\$ 5000.00	\$ _____
BROKERS ADDITIONAL	3007	_____	\$ 500.00	\$ _____
BONDED WAREHOUSE	3095	_____	\$ 1000.00	\$ _____
SALESMAN	3011	_____	\$ 200.00	\$ _____
TRANSP. FOR SALESMAN	3097	_____	\$ 150.00	\$ _____
RAILROAD MASTER FOR				
SALE TO PASSENGERS	3009	_____	\$ 500.00	\$ _____
RAILROAD (EACH RR CAR)	3009	_____	\$ 50.00	\$ _____
STEAMSHIP	3010	_____	\$ 500.00	\$ _____
SHIP CHANDLER	3099	_____	\$ 1000.00	\$ _____
TRANSPORTATION & DELIVERY	3097	_____	\$ 150.00	\$ _____
WAREHOUSEMAN	3095	_____	\$ 500.00	\$ _____
PERMIT TO TRANSPORT				
NOT FOR CONSUMPTION				
RR, SHIP, OR AIRLINE	3097	_____	\$ 1500.00	\$ _____

CHECK TOTAL \$ _____

3/2/04 REV